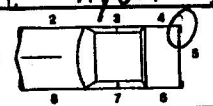
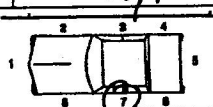


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 16-8041		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE					
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH 5/16/16		DAY Sun.		TIME 1455	
CRASH OCCURRED ON 1530 Walmart Dr.								WITHIN THE INTERSECTION OF (Parking Lot)					
IF NOT IN INTERSECTION ____ MILES 100 FEET W 0 S 0 OF Columbus Ave.								(LIST NEAREST INTERSECTING STREET MILEPOST) HOUSE NO				CITY CODE 8303	
LOG-1		LOG-2		LOC		JUR		FH-3		FILT			
A		UNIT NO		NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Dyer, Sheila								ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 71 N. Fourth St. Waynesville, OH 45068				INSURANCE CO OR AGENT Travelers	
PHONE NO 937-620-5173		BIRTH DATE 12/2/70		AGE 45		SEX F		SOCIAL SECURITY NO		STATE OH		DRIVER'S LICENSE NO RQ552886	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same								ADDRESS				PHONE	
VEH YR 08		MAKE Hyun		MODEL 4S		COLOR		STYLE 4S		STATE OH		LICENSE PLATE NO C703422	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8		UNIT NO 2		NO OF OCCUPANTS 1		OPERATING		PARKED		DRIVERLESS HIT & RUN NON-CONTACT		INSURANCE CO OR AGENT Pekin	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Halvorson, Bethany								ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1859 Greenbrier Rd. Lebanon OH 45036				OCCUPATION	
PHONE NO 239-560-7897		BIRTH DATE 8/21/92		AGE 23		SEX F		SOCIAL SECURITY NO		STATE OH		DRIVER'S LICENSE NO TU900789	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same								ADDRESS				PHONE	
VEH YR 04		MAKE Toyot		MODEL 4S		COLOR BLU		STYLE 4S		STATE OH		LICENSE PLATE NO Gmk4907	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		POSITION A B C D E F		INJURIES A B C D E F	
D		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		POSITION A B C D E F		INJURIES A B C D E F	
E		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		POSITION A B C D E F		INJURIES A B C D E F	
F		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		POSITION A B C D E F		INJURIES A B C D E F	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
A		B		C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
D		E		F		INJURED TAKEN TO		By					